



# TRICARE and Veteran Affairs Collections

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# Primary Care Services

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- Miami VA facility has a primary care manager (PCM) at our DOD clinic that accepts TRICARE beneficiaries
  - TRICARE primary care is separate from VA primary care —you can't use both (NSC) All beneficiaries using Tricare are advised that all the Tricare rules apply in the VA  
*Tricare + SC Visits = \$0*
  - *Patients will Dual eligibility must choose (VA or Tricare) change can not be done within an episode of care.*  
*ALL SC visits must be treated with VA benefits*
  - *DOD was trained to check eligibility and if procedures are covered services.*
  - *Our Utilization Review Nurse, requests referral/preauthorization via online and fax. (including retroactive referrals)*



# Explanation of Benefits

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- Patient's responsibility: PGBA process a claim and sends the VA and the beneficiary an EOB
  - Indicates patient responsibility such as co-payment, cost share and deductibles
  - Based on the EOB, the patient is billed
- Miami has a biller on site, generating inpatient, outpatient and patient responsibility bills.
- EOB are also used as the key guide to appeal any denials and resubmit claims for reconsideration.
- Status of claims are check via the website or via telephone



# Tricare For Life

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- VA bypasses billing Medicare first (classification 126)
- VA bills Tricare for Life directly
  - EOBS provide patients cost share and denial reason
  - Patients are billed the portion reflecting patient responsibility



# Reprocessed Claims

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Claims denied because

1. Wrong sponsor ID
2. Non covered service due to GR modifier
3. Must provide Medicare EOB
4. Location/Physician not network
5. Paper claim not signed by provider
6. Routine Exam (must have main diagnosis as primary)

Waiver letters were requested and granted for reprocessing bills over the 365 timely filing timeframe.



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